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Florida Department of State

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ä

LLC REGISTERED AGENT CHANGE STARTUP STORAGE PALMETTO LLC

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SEP 1 6 2014

9/15/2014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

44 7

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: STARTUP STORAGE PALMETTO LLC						
2.							
	.	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_	, , , , , , ,	Mailing eddress of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		8600 NW South River Drive, Suite 100		8600	NW South River Drive, Suite 100		
		MEDLEY, FLORIDA 33166	_	MED	DLEY, FLORIDA 33166		
		JUNE 16, 2014		£1 4 00	00096088		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
	(-)	Registered Agent and Registered Office shown on the records of the PATRICIO URETA	e Flori	da Dept. of	State:		
Registered Office Address MUST BE FLORIDA STREET ADDRESS				a state of the sta			
		BEOD BINA South Philos Priva Suita 2					
		Medley , FL	3316	6	— SEP		
		, ,, ,,					
	(b)	Enter name of NEW Resistered Agent and/or NEW Registered C					
		Enter name of NEW Registered Agent and/or NEW Registered C	Office :	iddzeis:	5		
CFRA, LLC, a Florida Limited Liability Company							
		NEW Registered Office Address:					
		100 S. Ashley Drive, Suite 400					
		Tampa FL	3360	2			
the age was	che nt w	mited liability company is not organized under the law- nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial tre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li	s of the reg bility the li	ne State o gistered o company mited lia I liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
<u>.</u>	ignat	ure of a member of the provided representative of a member		AIRICI	O URETA, MANAGER Printed or typed name of signer		
I he prothe to a	erel visi obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change in the large 1 this lity company.	for in ereby	mæice of Chapter confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited Hability company has been		
deling v. may munitions meliagence							
Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 FILING FEE: \$25.00							